SERFF Tracking #: ELAS-128586364 State Tracking #:

Company Tracking #: 180-4001(07-12)

State: Arkansas Filing Company: AXA Equitable Life Insurance Company

TOI/Sub-TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium

Product Name: Equivest

Project Name/Number: Series 201 For TSA/EDC Revised Applications (0712)/180-4001(07-12)

Filing at a Glance

Company: AXA Equitable Life Insurance Company

Product Name: Equivest State: Arkansas

TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable

Sub-TOI: A02.1I.002 Flexible Premium

Filing Type: Form

Date Submitted: 07/19/2012

SERFF Tr Num: ELAS-128586364

SERFF Status: Closed-Approved-Closed

State Tr Num:

State Status: Approved-Closed Co Tr Num: 180-4001(07-12)

Implementation 08/30/2012

Date Requested:

Author(s): Frank E Fernandez
Reviewer(s): Linda Bird (primary)

Disposition Date: 07/27/2012

Disposition Status: Approved-Closed

Implementation Date:

State Filing Description:

SERFF Tracking #: ELAS-128586364 State Tracking #: Company Tracking #: 180-4001(07-12)

State: Arkansas Filing Company: AXA Equitable Life Insurance Company

TOI/Sub-TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium

Product Name: Equives:

Project Name/Number: Series 201 For TSA/EDC Revised Applications (0712)/180-4001(07-12)

General Information

Project Name: Series 201 For TSA/EDC Revised Applications Status of Filing in Domicile: Not Filed

(0712)

Project Number: 180-4001(07-12)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments: Due to a recent change in law, the

state of New York no longer requires filing of this type

of form for use outside of New York. Instead, New York now

requires that we file annually,

a list identifying and describing the policy forms issued by us

for delivery outside New York.

Explanation for Combination/Other: Market Type: Individual Submission Type: New Submission Individual Market Type:

Overall Rate Impact: Filing Status Changed: 07/27/2012

State Status Changed: 07/27/2012

Deemer Date: Created By: Frank E Fernandez

Submitted By: Frank E Fernandez Corresponding Filing Tracking Number:

Filing Description:

Please see attached filing letter for detials.

Company and Contact

Filing Contact Information

Gregory Prato, Assistant Vice President greg.prato@axa-equitable.com

1290 Avenue of the Americas, 212-314-5710 [Phone] 14th Floor 212-314-3380 [FAX]

New York, NY 10104

Filing Company Information

AXA Equitable Life Insurance CoCode: 62944 State of Domicile: New York

Company Group Code: 968 Company Type: LIFE

1290 Avenue of the Americas, 14- Group Name: Insurance

10 FEIN Number: 13-5570651 State ID Number:

New York,, NY 10104 (212) 314-2921 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00

Retaliatory? No

Fee Explanation: Arkansas Filing Fee: \$50.00 per form.

Per Company: No

CompanyAmountDate ProcessedTransaction #AXA Equitable Life Insurance Company\$100.0007/19/201261027698

State: Arkansas Filing Company: AXA Equitable Life Insurance Company

TOI/Sub-TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium

Product Name: Equivest

Project Name/Number: Series 201 For TSA/EDC Revised Applications (0712)/180-4001(07-12)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/27/2012	07/27/2012

State: Arkansas Filing Company: AXA Equitable Life Insurance Company

TOI/Sub-TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium

Product Name: Equivest

Project Name/Number: Series 201 For TSA/EDC Revised Applications (0712)/180-4001(07-12)

Disposition

Disposition Date: 07/27/2012

Implementation Date: Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Filing Letter		Yes
Supporting Document	Filing Fee Transmittal		Yes
Supporting Document	Variable Text Memorandums		Yes
Form	403(b) TSA Application		Yes
Form	Application for 457(b) EDC		Yes

State: Arkansas Filing Company: AXA Equitable Life Insurance Company

TOI/Sub-TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium

Product Name: Equivest

Project Name/Number: Series 201 For TSA/EDC Revised Applications (0712)/180-4001(07-12)

Form Schedule

Lead I	Form Number: 180	-4001(07-12)					
Item	Schedule Item	Form	Form	Form	Action/	Readability	
No.	Status	Number	Type	Name	Action Specific Data	Score	Attachments
1		180-4001 (07- 12)	AEF	403(b) TSA Application	Initial:	0.000	App - Gen - 403(b) TSA Application.PDF
2		180-4002 (07- 12)	AEF	Application for 457(b) EDC	Initial:	0.000	App - Gen - Application for 457(b) EDC.PDF

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
ОТН	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

AXA Equitable Life Insurance Company

EQUI-VEST® (Series 201)
Combination Fixed and Variable Deferred Annuity
403(b) TSA Application

Application No.
1. EQUI-VEST contract type (Check one)
A. Public Schools
B. □ 501(c)(3)*
C. ☐ Colleges and Universities
* Available for new participants in existing units only.
2. Employer information
Employer/and (or) School Name/Unit Name
(Select one) \square or
Existing Plan/Unit Number Location
 New Unit (Must complete Unit Establishment Kit)
3. Annuitant information (Check all appropriate boxes)
If your Mailing Address is different from the Primary Residential Address below, please provide your Mailing Address in Section 8. If you have moved within the last 12 months, please indicate your previous address in the Special Instructions section.
☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Other
□ Male □ Female
Social Security Number (Required)
First Name Middle Initial Last Name
Birth Date Evening Phone Daytime Phone Number Number
U.S.A. Primary Residential Address – No P.O. Box Permitted
Local Filling Hosachian Fladress The For Don't Stilling
City State Zip Code
Email Address (optional)
Valid Driver's License No./State Issued ID # State Exp. Date
U.S. Citizen? ☐ Yes ☐ No (If No, complete below and attach copy of U.S. Visa or Permanent Resident card)
Country Passport #/Resident Card # U.S. Visa Type

Mailing Instructions:

Express Mail: (with money):

JPMorganChase

4 Chase Metrotech Center, 7th Floor

NY Remit One Image Lockbox # 13823

A Unase Metrotech Center, 7" Hoor
NY Remit One Image Lockbox # 13823
Brooklyn, NY 11245-0001
Brooklyn, NY 11245-0001

Regular Mail: (with money): EQUI-VEST Unit Annuity Lockbox P.O. Box 13823 Newark, NJ 07188-0463



Express Mail: (without money):
FEQUI-VEST New Business
100 Madison St., Suite 1000
Syracuse, NY 13202
Regular Mail: (without money):
FEQUI-VEST New Business
P.O. Box 4704,
Syracuse, NY 13221-4704

4. Beneficiary(ies) informat Primary	ion			
	%			
1 % First Name Last Name %				
Relationship to Annuitant: Spouse: Male Female Child: Male Female Other:				
T.I.N.: S.S.N. or E.I.N.				
2% First Name%				
Relationship to Annuitant: Spouse: □ Male □ Female <u>QR</u> Child: □ Male □ Female				
Other:				
T.I.N.: S.S.N. or E.I.N.				
Contingent				
1. First Name Last Na	ame %			
Relationship to Annuitant: Spouse: Male Female Other:				
T.I.N.: S.S.N.				
If a payment will be forwarded a complete #5A and, if applicable, provided when the application is only. A. Expected First Year Contribution In Transfers/Rollovers):	#5B. If a payment will be signed, complete #5C			
Expected Monthly	Expected Annual First			
Contribution (Check only one)	Year Contribution			
□ \$250				
\$500				
\$1,000	\$			
Other \$				
 B. Expected Direct Transfers/Rollovers: \$				
C. Amount provided with this a	oplication: \$			
D. Reminder/Contribution Information: Months to be excluded, if any, from your Plan Contribution Statement (months must be consecutive from May to September only):				

6. Selection of investment options and .% Multimanager Aggressive Equity (T2*) _% Multimanager Large Cap Value (58*) _% Oppenheimer Main Street Fund®/VA (7Q*) allocation percentages Must check either Box A or Box B, but not both. Small/Mid Cap Stocks A. Maximum Transfer Flexibility. By checking this .% American Century VP Mid Cap Value (7V*) box, you may invest in the investment options .% AXA Tactical Manager 400 (7L*) listed in this section which are not boxed off. .% AXA Tactical Manager 2000 (7K*) **Transfers out of the Guaranteed Interest Option** .% EQ/AllianceBernstein Small Cap Growth (TP*) will not be limited. % EQ/AXA Franklin Small Cap Value Core (6E*) B. Maximum Fund Choice. By checking this box, .% EQ/GAMCO Small Company Value (37*) you may invest in any of the investment options listed in this section. Transfers out of the .% EQ/Mid Cap Index (55*) % EQ/Mid Cap Value PLUS (79*) Guaranteed Interest Option will be limited (see % EQ/Morgan Stanley Mid Cap Growth (08*) prospectus for details). % EQ/Small Company Index (97*) Current Allocation (Applies to Boxes A and B): Select the % Fidelity® VIP Mid Cap (7U* allocation for the contributions indicated in #5A or any % Goldman Sachs VIT Mid Cap Value (7W*) amounts that you may invest in these investment options .% Invesco V.I. Mid Cap Core Equity (7T*) in the future. You can change this allocation for future .% Invesco V.I. Small Cap Equity (7X* contributions at any time. The percentages entered below % Ivy Funds VIP Mid Cap Growth (8M*) must be in whole numbers and total 100%. .% Ivy Funds VIP Small Cap Growth (7Y*) Contribution Allocation International Stocks/Global Structured Investment Option Segment .% AXA Tactical Manager International (7N*) % S&P 500 1year -10% Buffer (V1*) .% EQ/Global Multi-Sector Equity (78*) % EQ/International Core PLUS (88*) Although not required, you have the ability to choose a .% EQ/International Value PLUS (73* Performance Cap Threshold. To choose your Performance % EQ/MFS International Growth (26*) Cap Threshold, please check the box below and complete % EQ/Oppenheimer Global (6A*) the Performance Cap Threshold and Maturity Instructions % EQ/Templeton Global Equity (6D* Election Form (#146946). The completed form must be % Invesco V.I. International Growth (7Z*) submitted along with this application to our Processing Office. % Lazard Retirement Emerging Markets Equity (8H*) I want to choose a Performance Cap Threshold. .% MFS® International Value (8A*) Asset Allocation Sector/Specialty AXA Allocation % Invesco V.I. Global Real Estate (8C*) .% AXA Aggressive Allocation (18*) .% Ivy Funds VIP Energy (8D*) .% AXA Balanced Strategy (8Q*) % MFS® Technology (8J*) % MFS® Utilities (8K*) % AXA Moderate Allocation (T4*) .% AXA Moderate Growth Strategy (80*) % Multimanager Technology (67*) % Van Eck VIP Global Hard Assets (8N*) % AXA Moderate-Plus Allocation (17*) **Target Allocation Guaranteed-Fixed** .% Target 2015 Allocation (6G*) .% Guaranteed Interest Option (A1*) % Target 2025 Allocation (6H*) AXA Allocation (Not available under Max Flex option) % Target 2035 Allocation (61*) .% Target 2045 Allocation (6J*) .% AXA Conservative Allocation (15*) Other Asset Allocation .% AXA Conservative Growth Strategy (8R*) % AXA Conservative-Plus Allocation (16*) .% All Asset Growth – Alt 20 (7H*) .% AXA Conservative Strategy (8S*) % EQ/AllianceBernstein Dynamic Wealth Strategies (8P*) Bonds (Not available under Max Flex option) % EQ/Franklin Templeton Allocation (6P*) .% EQ/Core Bond Index (96*) Large Cap Stocks .% EQ/Global Bond PLUS (47* .% AXA Tactical Manager 500 (7M*) .% EQ/PIMCO Ultra Short Bond (28*) .% EQ/BlackRock Basic Value Equity (81*) % EQ/Quality Bond PLUS (TQ*) % Invesco V.I. High Yield (8L*) % EQ/Boston Advisors Equity Income (33*) % EQ/Calvert Socially Responsible (92*) .% Ivy Funds VIP High Income (8G*) % EQ/Common Stock Index (T1* % Multimanager Core Bond (69*) .% EQ/Davis New York Venture (6Q*) .% Multimanager Multi-Sector Bond (TH*) % EQ/Equity 500 Index (TE*) .% Templeton Global Bond Securities (8F*) % EQ/Equity Growth PLUS (94*) Cash Equivalents (Not available under Max Flex option) % EQ/JPMorgan Value Opportunities (72*) % EQ/Large Cap Core PLUS (85*) % EQ/Money Market (T3*) % EQ/Large Cap Growth Index (82* Sector/Specialty (Not available under Max Flex option) % EQ/Large Cap Growth PLUS (77) .% EQ/Franklin Core Balanced (6C*) % EQ/Large Cap Value Index (49*) % PIMCO VIT CommodityRealReturn® .% EQ/Lord Abbett Large Cap Core (05*) Strategy (8E*) % EQ/Mutual Large Cap Equity (6F* % EQ/T. Rowe Price Growth Stock (32*) Total of all investment options chosen for -% Fidelity® VIP Contrafund® (7R*) -% Fidelity® VIP Equity Income (7S*) -% Invesco V.I. Diversified Dividend (8B*) Contribution Allocations must equal 100% The number in parentheses is shown for data input only. .% MFS® Investors Growth Stock (81*) % MFS® Investors Trust (7P*)

7. Special Dollar Cost Averaging (Special DCA)	% Fidelity® VIP Equity Income (7S*)
Only available for direct transfer and rollover	"% Invesco V.I. Diversified Dividend (8B*)
contributions. Choose one time period. 100% of the	% MFS® Investors Growth Stock (8I*)% MFS® Investors Trust (7P*)
contribution indicated in Section #5B(i) will be allocated	% Multimanager Aggressive Equity (T2*)
to Special DCA unless you specify a dollar amount for the	% Multimanager Large Cap Value (58*)
time period selected.	% Oppenheimer Main Street Fund®/VA (7Q*)
☐ [3-months: ☐ 100% Allocation or ☐ \$	Small/Mid Cap Stocks
☐ 6-months: ☐ 100% Allocation or ☐ \$	% American Century VP Mid Cap Value (7V*)
☐ 12-months: ☐ 100% Allocation or ☐ \$	% AXA Tactical Manager 400 (7L*)
	% AXA Tactical Manager 2000 (7K*)
Use the Special DCA allocation column below for amounts	% EQ/AllianceBernstein Small Cap Growth (TP*)
to be transferred under the Special DCA program. You cannot select more than 10 investment options.	% EQ/AXA Franklin Small Cap Value Core (6E*)
·	EQ/GAMCO Small Company Value (37*)
If only allocating a portion of the direct transfer or rollover to	% EQ/Mid Cap Index (55*) % EQ/Mid Cap Value PLUS (79*)
Special DCA, you <u>must</u> complete the contribution allocations listed in #6.	% EQ/Morgan Stanley Mid Cap Growth (08*)
	% EQ/Small Company Index (97*)
Note: Your choice of Maximum Transfer Flexibility or Maximum Fund Choice as indicated in #6 will also apply to	% Fidelity® VIP Mid Cap (7U*)
the investment options listed in this section.	% Goldman Sachs VIT Mid Cap Value (7W*)
	% Invesco V.I. Mid Cap Core Equity (7T*)
Special DCA Allocation	% Invesco V.I. Small Cap Equity (7X*)
Structured Investment Option Segment	% Ivy Funds VIP Mid Cap Growth (8M*)
% S&P 500 1year -10% Buffer (V1*)	% Ivy Funds VIP Small Cap Growth (7Y*)
Although not required, you have the ability to choose a	International Stocks/Global
Performance Cap Threshold. To choose your Performance	% AXA Tactical Manager International (7N*)
Cap Threshold, please check the box below and complete	% EQ/Global Multi-Sector Equity (78*)
the Performance Cap Threshold and Maturity Instructions Election Form (#146946). The completed form must be	% EQ/International Core PLUS (88*) % EQ/International Value PLUS (73*)
submitted along with this application to our Processing Office.	" EQ/MFS International Growth (26*)
☐ I want to choose a Performance Cap Threshold.	% EQ/Oppenheimer Global (6A*)
Note: if you elect the Structured Investment Option as part	% EQ/Templeton Global Equity (6D*)
of your allocation percentages in #6 and elected a threshold,	% Invesco V.I. International Growth (7Z*)
the same threshold that you elected will also apply to the	% Lazard Retirement Emerging Markets Equity
Structured Investment Option if chosen as part of your	(8H*)
Special DCA allocations.	% MFS® International Value (8A*)
Asset Allocation AXA Allocation	Sector/Specialty
% AXA Aggressive Allocation (18*)	% Invesco V.I. Global Real Estate (8C*)
% AXA Balanced Strategy (8Q*)	% Ivy Funds VIP Energy (8D*)% MFS® Technology (8J*)
% AXA Moderate Allocation (T4*)	MFS Technology (8J*)
% AXA Moderate Growth Strategy (80*)	% MFS® Utilities (8K*)
% AXA Moderate-Plus Allocation (17*) Target Allocation	
% Target 2015 Allocation (6G*)	
% Target 2025 Allocation (6H*)	AXA Aliocation (Not available under Max Flex option) ————————————————————————————————————
% Target 2035 Allocation (61*)	% AXA Conservative Allocation (13)% AXA Conservative Growth Strategy (8R*)
% Target 2045 Allocation (6J*)	% AXA Conservative-Plus Allocation (16*)
Other Asset Allocation	% AXA Conservative Strategy (8S*)
% All Asset Growth – Alt 20 (7H*)	Bonds (Not available under Max Flex option)
% EQ/AllianceBernstein Dynamic Wealth	% EQ/Core Bond index (96*)
Strategies (8P*)	% EQ/Global Bond PLUS (47*)
% EQ/Franklin Templeton Allocation (6P*)	% EQ/PIMCO Ultra Short Bond (28*) % EQ/Quality Bond PLUS (TQ*)
Large Cap Stocks% AXA Tactical Manager 500 (7M*)	% Invesco V.I. High Yield (8L*)
% AXA ractical Manager 500 (7M) ———————————————————————————————————	% Ivy Funds VIP High Income (8G*)
% EQ/Boston Advisors Equity Income (33*)	% Multimanager Core Bond (69*)
	% Multimanager Multi-Sector Bond (TH*)
% EQ/Common Stock Index (T1*)	% Templeton Global Bond Securities (8F*)
EQ/Davis New York Venture (6Q*)	Cash Equivalents (Not available under Max Flex option)
% EQ/Equity 500 Index (TE*)	% EQ/Money Market (T3*)
% EQ/Equity Growth PLUS (94*)% EQ/JPMorgan Value Opportunities (72*)	Sector/Specialty (Not available under Max Flex option)
EQ/Large Cap Core PLUS (85*)	% EQ/Franklin Core Balanced (6C*) % PIMCO VIT CommodityRealReturn®
EQ/Large Cap Growth Index (82*)	Strategy (8E*)
% EQ/Large Cap Growth PLUS (77*)	Charoal (or)
% EQ/Large Cap Value Index (49*)	
0/ EO/Laud Abbatt Laura Can Cana (05*)	% Total of all investment options chosen for
% EQ/Lord Abbett Large Cap Core (05*)	% Total of all investment options chosen for Special DCA Allocations must equal 100%
% EQ/Mutual Large Cap Equity (6F*)	
	Special DCA Allocations must equal 100%

8. Special instructions 9. Other Required Information (Mandatory) A and B must be completed. (For beneficiary and any further detailed information) A. Replacement Information: (Must Respond to 1 and 2.) Attach a separate sheet if additional space is needed. 1. Do you have any other existing life insurance or For Annuitants whose Mailing Address differs from their annuities? Primary Residential Address in Section 3. ☐ Yes ☐ No Annuitant's Mailing Address: 2. Will any existing life insurance or annuity be (or has it been) surrendered, withdrawn from, loaned against, Mailing Address - P.O. Box Accepted changed or otherwise reduced in value, or replaced in connection with this transaction assuming the contract applied for will be issued? ☐ Yes ☐ No City State Zip Code If Yes, fully complete the following information (if more than 3 companies are replaced, provide details in Special Instructions section): Year Issued Type of Plan Company Contract Number Company Address Year Issued Type of Plan Company Contract Number Company Address Year Issued Type of Plan Company Contract Number Company Address **B. Contract State:** The Contract state is your state of primary residence (Annuitant's primary residential address from Section 3) unless you sign the application in a different state. If you are signing this application in a state other than your state of primary residence, check one box below: ☐ I have a second residence in the state of sale. □ I work or conduct business in the state of sale. If none of the above apply, the application must be signed in your state of Primary Residence, unless we approve another state.

Report to act as my agent in AXA Equitable to act on such of a person placing such instruction with such instruction with such instruction of a changer overnight mail transfer pro-	cation, I hereby designate my registered representative named in EQUI-VEST Representative giving investment option transfer instructions by telephone or electronically, and I authorize instructions. I understand that AXA Equitable (i) may rely in good faith on the stated identity tructions, and (ii) will have no liability for any claim, loss, liability, or expense that may arise in tions. AXA Equitable will continue to act upon this authorization until such time as it receives my ge at its processing office. AXA Equitable may (i) change or terminate telephone or electronic occdures at any time without prior notice, and (ii) restrict fax, internet, telephone and other because of disruptive transfer activity.
11. Acknowledgement	
	ATION, I ACKNOWLEDGE THAT:
to make or modify any contra • If my Employer maintains a (the "Code"), my Employer r parties to facilitate the excha 403(b) plan, my Employer m to pay for administrative and AXA Equitable. • By signing other than tax deferral, as the statements furnished in this athat the annuity account v or variable annuity benefit • I acknowledge that I have	the contract may be subject to a withdrawal charge. • No financial professional has the authority act on behalf of AXA Equitable, or to waive or alter any of AXA Equitable's rights and regulations. In Plan that is intended to meet the requirements of Section 403(b) of the Internal Revenue Code may authorize and instruct AXA Equitable to share my personal information with unaffiliated third ange of information to meet the requirements of the Code. • If my Employer maintains a Section ay instruct and require AXA Equitable to deduct a plan operating expense from my account value recordkeeping services under the Plan; such amount will be remitted to a party not affiliated with this application form I acknowledge that I am buying the contract for its features and benefits are tax deferral feature of the contract does not provide additional benefits. • All information and application form are true and complete to the best of my knowledge and belief. • I understand alue attributable to allocations to the variable investment options of the separate account apayments may increase or decrease and are not guaranteed as to dollar amount. The received the most current prospectus and any supplement(s). • After reviewing my goals with my financial professional, I believe that this contract will meet my financial
	tial Prospectus on CD-ROM:
computer readable compact indefinitely, I understand that by calling Customer Services	ox and signing the Application below, I acknowledge that I received the initial prospectus on t disk "CD", and I am able to access the CD information. In order to retain the prospectus at I must print it. I also understand that I may request a prospectus in paper format at any time at 1-877-222-2144, and that all subsequent prospectus updates and supplements will be mat, unless I enroll in AXA Equitable's Electronic Delivery Service.
In Colorado, Kentucky, Maine, and Tennessee:	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding or attempting to defraud, the company. Penalties may include imprisonment, fines, denial of insurance benefits, and civil damages.
In New Jersey and New Mexico:	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
In Arkansas, D.C., Rhode Island and West Virginia:	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
In Ohio:	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an enrollment form/application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
In Oklahoma:	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.
All Other States:	Any person who knowingly and with intent to defraud any insurance company files an enrollment form/application or statement of claim containing any materially false, misleading or incomplete information may be guilty of a crime which may be punishable under state or Federal law.
X Proposed Annuitant's S	Signature Today's Date (mm/dd/yy) City State

X03709_core

EQUI-VEST® REPRESENTATIVE REPORT Please print in black ink. All questions must be answered.

A.	I certify that a Prospectus and Su and that no written sales material Representative who secures th	s other than this application	hose approved by n must sign in th	/ AXA Equitable has space provide	ave been ed below.)	used. (The)
B.	Do you have reason to believe th withdrawn from, loaned against, c transaction, assuming the certific Yes \(\subseteq \text{No (If Yes, attach copy} \)	changed or otl ate/contract a	herwise reduced pplied for will be i	in value, or replac issued on the life	ced in con	nection with this
C.	Did you (i) verify the identity by reviewing the driver's license/passport of the Proposed Annuitant (ii) inquire about the source of the customer's assets and income and (iii) confirm that the Annuitant is not (nor is a family member of or associated with) a foreign military, government or political official? Yes (If you are unable to answer Yes to all three questions, contact your Branch Controls Manager.)					
D.	 Do you authorize the contract to be mailed directly to the Proposed Annuitant instead of being mailed to the Branch Office? ☐ Yes ☐ No 					
E.	Is the Annuitant currently an Activ ☐ Yes ☐ No (If Yes, you must a DISCLOSURE TO ACTIVE DUT	ilso submit a Y MEMBERS	completed and si OF THE ARMED	igned LIFE INSU D FORCES).		
	* "Active Duty" means full-time of the reserve component (Na or full-time training. The term duty or active duty for training	tional Guard a does not inclu	and Reserve) whi de members of th	le serving under p ne reserve compo	published onent who	orders for active duty are performing active
F.	Compensation will be paid as ind Name and Signature of the Finance above documents.					
	Print Name		Signature		Da	ate
	Frint	he commissio	nn percentages of	f all applicable Re	epresentati	Representative
	Representative(s) Name(s) (Service Representative First)	Initial	Number	%	Code	Insurance License#*
30						
3						
(3) (2)						
		1				

AXA EQUITABLE LIFE INSURANCE COMPANY New York, New York 10104

X03709_core

AXA Equitable Life Insurance Company

EQUI-VEST® (Series 201) Combination Fixed and Variable Deferred Annuity
Application for 457(b) EDC

Application No.		
1. Employer informa	tion	
Employer/and (or) Scho	ol Name/Unit I	Name
(Select one) Existing	Plan/Unit Nur	mber Location or
	nit (Must com i shment Kit)	plete Unit
2. Annuitant informa	tion (Check	all appropriate boxes)
If your Mailing Address Residential Address bel Address in Section 7. If months, please indicate Instructions section.	ow, please pro you have mov	ovide your Mailing ed within the last 12
☐ Mr. ☐ Mrs. ☐ Mis	s 🗆 Ms. 🗆	Other
☐ Male ☐ Female	_	-
Sc	cial Security Num	ber (Required)
First Name	Viiddle Initial	Last Name
Birth Date Evenir (mm/dd/yy) Phone	ng • Number	Daytime Phone Number
<u></u>		0.0.0
U.S.A. Primary Residential	Address – No P	O. Box Permitted
City	State	Zip Code
Email Address (optional)		
Valid Driver's License No./ State Issued ID#	Sta	ate Exp. Date
U.S. Citizen? ☐ Yes ☐ attach copy of U.S. Visa		
Country Pass	oort #/Resident Ca	rd# U.S. Visa Type

Mailing Instructions:

Express Mail: (with money):

JPMorganChase

4 Chase Metrotech Center, 7th Floor NY Remit One Image Lockbox # 13823 Brooklyn, NY 11245-0001

Regular Mail: (with money): EQUI-VEST Unit Annuity Lockbox P.O. Box 13823-Newark, NJ 07188-0463



Express Mail: (without money):
EQUI-VEST New Business
100 Madison St., Suite 1000
Syracuse, NY 13202
Regular Mail: (without money):
EQUI-VEST New Business
P.O. Box 4704,
Syracuse, NY 13221-4704

3. Beneficiary(ies) information	on			
Primary 1.	%			
First Name Last Nam	e			
Relationship to Annuitant: Spouse: Male Female OR	Child: ☐ Male ☐ Female			
☐ Other:				
T.I.N.: S.S.N. or E.I.N.				
2				
☐ Other:				
T.I.N.: S.S.N. 🗆 or E.I.N. 🗀				
Contingent				
1				
T.I.N.: S.S.N.				
4. Contribution amount				
If a payment will be forwarded at complete #4A and, if applicable, provided when the application is	#4B. If a payment will be			
A. Expected First Year Contrib Transfers/Rollovers):	ution (Excluding Direct			
Expected Monthly Contribution (Check only one)	Expected Annual First Year Contribution			
□ \$250 □ \$500				
□ \$1,000	\$			
B. Expected Direct Transfers/F (i) If you intend to allocate all of to Special DCA, also complication (ii) Is this a Rollover from a 40 C. Amount provided with this ap	or a portion of this amount ete #6. 1(k) Plan? Yes			

X03710_core

5. Selection of investment options and allocation	% MFS® Investors Trust (7P*)
percentages	% Multimanager Aggressive Equity (T2*)
	% Multimanager Large Cap Value (58*)
Must check either Box A or Box B, but not both.	% Oppenheimer Main Street Fund®/VA (7Q*)
A. Maximum Transfer Flexibility. By checking this box,	Small/Mid Cap Stocks
you may invest in the investment options listed in this section which are not boxed off. Transfers out of	% American Century VP Mid Cap Value (7V*) % AXA Tactical Manager 400 (7L*)
the Guaranteed Interest Option will not be limited.	AXA Tactical Manager 400 (7L) AXA Tactical Manager 2000 (7K*)
B. Maximum Fund Choice. By checking this box, you	### AXA ractical Manager 2000 (717) ### EQ/AllianceBernstein Small Cap Growth (TP*)
may invest in any of the investment options listed in	% EQ/AXA Franklin Small Cap Value Core (6E*)
this section. Transfers out of the Guaranteed Interest	% EQ/GAMCO Small Company Value (37*)
Option will be limited (see prospectus for details).	% EQ/Mid Cap Index (55*)
Current Allocation (Applies to Boxes A and B): Select the	% EQ/Mid Cap Value PLUS (79*)
allocation for the contributions indicated in #4A or any amounts that you may invest in these investment options	% EQ/Morgan Stanley Mid Cap Growth (08*)
in the future. You can change this allocation for future	% EQ/Small Company Index (97*)
contributions at any time. The percentages entered below	% Fidelity® VIP Mid Cap (7U*)% Goldman Sachs VIT Mid Cap Value (7W*)
must be in whole numbers and total 100%.	// Invesco V.I. Mid Cap Core Equity (7T*)
Contribution Allocation	% Invesco V.I. Small Cap Equity (7X*)
Structured Investment Option Segment	% Ivy Funds VIP Mid Cap Growth (8M*)
% S&P 500 1 year -10% Buffer (V1*)	% Ivy Funds VIP Small Cap Growth (7Y*)
Although not required, you have the ability to choose a	International Stocks/Global
Performance Cap Threshold. To choose your Performance	% AXA Tactical Manager International (7N*)
Cap Threshold, please check the box below and complete the Performance Cap Threshold and Maturity Instructions	% EQ/Global Multi-Sector Equity (78*)% EQ/International Core PLUS (88*)
Election Form (#146946). The completed form must be	EQ/International Core PLUS (88)
submitted along with this application to our Processing Office.	EQ/MFS International Growth (26*)
☐ I want to choose a Performance Cap Threshold.	% EQ/Oppenheimer Global (6A*)
Asset Allocation	% EQ/Templeton Global Equity (6D*)
AXA Allocation	% Invesco V.I. International Growth (7Z*)
% AXA Aggressive Allocation (18*)	% Lazard Retirement Emerging Markets Equity (8H*)
% AXA Balanced Strategy (8Q*)	% MFS® International Value (8A*)
% AXA Moderate Allocation (T4*)	Sector/Specialty
% AXA Moderate Growth Strategy (80*)	% Invesco V.I. Global Real Estate (8C*)
% AXA Moderate-Plus Allocation (17*)	% Ivy Funds VIP Energy (8D*)% MFS® Technology (8J*)
Target Allocation	% MFS® Utilities (8K*)
% Target 2015 Allocation (6G*)% Target 2025 Allocation (6H*)	% Multimanager Technology (67*)
Target 2025 Allocation (61*)	% Van Eck VIP Global Hard Assets (8N*)
% Target 2045 Allocation (6J*)	Guaranteed-Fixed
Other Asset Allocation	% Guaranteed Interest Option (A1*)
% All Asset Growth – Alt 20 (7H*)	AXA Allocation (Not available under Max Flex option)
% EQ/AllianceBernstein Dynamic Wealth Strategies (8P*)	% AXA Conservative Allocation (15*)
% EQ/Franklin Templeton Allocation (6P*)	% AXA Conservative Growth Strategy (8R*)
Large Cap Stocks% AXA Tactical Manager 500 (7M*)	% AXA Conservative-Plus Allocation (16*)
% AXA Tactical Manager 500 (7M*)% EQ/BlackRock Basic Value Equity (81*)	% AXA Conservative Strategy (8S*)
	Bonds (Not available under Max Flex option)
% EQ/Boston Advisors Equity Income (33*)	
% EQ/Boston Advisors Equity Income (33*)% EQ/Calvert Socially Responsible (92*)	EQ/Core Bond Index (96*)
% EQ/Calvert Socially Responsible (92*)% EQ/Common Stock Index (T1*)	% EQ/Global Bond PLUS (47*)
% EQ/Calvert Socially Responsible (92*)% EQ/Common Stock Index (T1*)% EQ/Davis New York Venture (6Q*)	% EQ/Global Bond PLUS (47*)% EQ/PIMCO Ultra Short Bond (28*)
% EQ/Calvert Socially Responsible (92*)% EQ/Common Stock Index (T1*)% EQ/Davis New York Venture (6Q*)% EQ/Equity 500 Index (TE*)	% EQ/Global Bond PLUS (47*)% EQ/PIMCO Ultra Short Bond (28*)% EQ/Quality Bond PLUS (TQ*)
	% EQ/Global Bond PLUS (47*)% EQ/PIMCO Ultra Short Bond (28*)
	% EQ/Global Bond PLUS (47*)% EQ/PIMCO Ultra Short Bond (28*)% EQ/Quality Bond PLUS (TQ*)% Invesco V.I. High Yield (8L*)% Ivy Funds VIP High Income (8G*)% Multimanager Core Bond (69*)
 — Seq/Calvert Socially Responsible (92*) — Seq/Common Stock Index (T1*) — Seq/Davis New York Venture (6Q*) — Seq/Equity 500 Index (TE*) — Seq/Equity Growth PLUS (94*) — Seq/JPMorgan Value Opportunities (72*) — Seq/Large Cap Core PLUS (85*) — Seq/Large Cap Growth Index (82*) — Seq/Large Cap Growth PLUS (77*) — Seq/Large Cap Value Index (49*) — Seq/Lord Abbett Large Cap Core (05*) — Seq/Mutual Large Cap Equity (6F*) — Seq/T. Rowe Price Growth Stock (32*) 	
 — Seq/Calvert Socially Responsible (92*) — Seq/Common Stock Index (T1*) — Seq/Davis New York Venture (6Q*) — Seq/Equity 500 Index (TE*) — Seq/Equity Growth PLUS (94*) — Seq/Large Cap Core PLUS (85*) — Seq/Large Cap Growth Index (82*) — Seq/Large Cap Growth PLUS (77*) — Seq/Large Cap Value Index (49*) — Seq/Lord Abbett Large Cap Core (05*) — Seq/Mutual Large Cap Equity (6F*) — Seq/T. Rowe Price Growth Stock (32*) — Sidelity® VIP Contrafund® (7R*) 	
 — Seq/Calvert Socially Responsible (92*) — Seq/Common Stock Index (T1*) — Seq/Davis New York Venture (6Q*) — Seq/Equity 500 Index (TE*) — Seq/Equity Growth PLUS (94*) — Seq/Large Cap Core PLUS (85*) — Seq/Large Cap Growth Index (82*) — Seq/Large Cap Growth PLUS (77*) — Seq/Large Cap Value Index (49*) — Seq/Lord Abbett Large Cap Core (05*) — Seq/Mutual Large Cap Equity (6F*) — Seq/T. Rowe Price Growth Stock (32*) — Fidelity® VIP Contrafund® (7R*) — Sidelity® VIP Equity Income (75*) 	
 — Seq/Calvert Socially Responsible (92*) — Seq/Common Stock Index (T1*) — Seq/Davis New York Venture (6Q*) — Seq/Equity 500 Index (TE*) — Seq/Equity Growth PLUS (94*) — Seq/Large Cap Core PLUS (85*) — Seq/Large Cap Growth Index (82*) — Seq/Large Cap Growth PLUS (77*) — Seq/Large Cap Value Index (49*) — Seq/Lord Abbett Large Cap Core (05*) — Seq/Mutual Large Cap Equity (6F*) — Seq/T. Rowe Price Growth Stock (32*) — Sidelity® VIP Contrafund® (7R*) 	

6. Special Dollar Cost Averaging (Special DCA)	// MFS® Investors Growth Stock (8I*)
Only available for direct transfer and rollover contributions.	" MFS Investors Growth Stock (67) " MFS Investors Trust (7P*)
Choose one time period. 100% of the contribution indicated	% Multimanager Aggressive Equity (T2*)
in Section #4B(i) will be allocated to Special DCA unless you	% Multimanager Large Cap Value (58*)
specify a dollar amount for the time period selected.	% Oppenheimer Main Street Fund®/VA (7Q*)
□ β-months: □ 100% Allocation or □ \$	Small/Mid Cap Stocks
☐ 6-months: ☐ 100% Allocation or ☐ \$	% American Century VP Mid Cap Value (7V*)
☐ 12-months: ☐ 100% Allocation or ☐ \$	% AXA Tactical Manager 400 (7L*)
Use the Special DCA allocation column below for amounts	% AXA Tactical Manager 2000 (7K*)
to be transferred under the Special DCA program. You	% AXA Tactical Mahager 2000 (TR) ———————————————————————————————————
cannot select more than 10 investment options.	% EQ/AXA Franklin Small Cap Value Core (6E*)
If only allocating a portion of the direct transfer or rollover to	### EQ/GAMCO Small Company Value (37*)
Special DCA, you <u>must</u> complete the contribution allocations	EQ/Mid Cap Index (55*)
listed in #5.	% EQ/Mid Cap Index (33)
Note: Your choice of Maximum Transfer Flexibility or	% EQ/Mild Cap Value F 203 (79)% EQ/Morgan Stanley Mid Cap Growth (08*)
Maximum Fund Choice as indicated in #5 will also apply to	EQ/Small Company Index (97*)
the investment options listed in this section.	
Special DCA Allocation	% Fidelity® VIP Mid Cap (7U*)% Goldman Sachs VIT Mid Cap Value (7W*)
Structured Investment Option Segment	
% S&P 500 1year -10% Buffer (V1*) /	
Although not required, you have the ability to choose a	
Performance Cap Threshold. To choose your Performance	% Ivy Funds VIP Mid Cap Growth (8M*)% Ivy Funds VIP Small Cap Growth (7Y*)
Cap Threshold, please check the box below and complete	
the Performance Cap Threshold and Maturity Instructions	International Stocks/Global
Election Form (#146946). The completed form must be	% AXA Tactical Manager International (7N*)
submitted along with this application to our Processing Office.	EQ/Global Multi-Sector Equity (78*)
☐ I want to choose a Performance Cap Threshold.	% EQ/International Core PLUS (88*)
Note: if you elect the Structured Investment Option as part of	% EQ/International Value PLUS (73*)
your allocation percentages in #5 and elected a threshold, the	% EQ/MFS International Growth (26*)
same threshold that you elected will also apply to the Structured	% EQ/Oppenheimer Global (6A*)
Investment Option if chosen as part of your Special DCA allocations.	% EQ/Templeton Global Equity (6D*)
Asset Allocation	% Invesco V.I. International Growth (7Z*)
AXA Allocation	% Lazard Retirement Emerging Markets Equity (8H*)
% AXA Aggressive Allocation (18*)	% MFS® International Value (8A*)
% AXA Balanced Strategy (8Q*)	Sector/Specialty
% AXA Moderate Allocation (T4*)	% Invesco V.I. Global Real Estate (8C*)
% AXA Moderate Growth Strategy (8O*)	% Ivy Funds VIP Energy (8D*)
% AXA Moderate-Plus Allocation (17*)	% MFS® Technology (8J*)
Target Allocation	% MFS® Utilities (8K*)
% Target 2015 Allocation (6G*)	% Multimanager Technology (67*)
% Target 2025 Allocation (6H*)	% Van Eck VIP Global Hard Assets (8N*)
% Target 2035 Allocation (6I*)	AXA Allocation (Not available under Max Flex option)
% Target 2045 Allocation (6J*)	% AXA Conservative Allocation (15*)
Other Asset Allocation	% AXA Conservative Growth Strategy (8R*)
% All Asset Growth – Alt 20 (7H*)	% AXA Conservative-Plus Allocation (16*)
% EQ/AllianceBernstein Dynamic Wealth Strategies (8P*)	% AXA Conservative Strategy (8S*)
% EQ/Franklin Templeton Allocation (6P*)	Bonds (Not available under Max Flex option)
Large Cap Stocks	% EQ/Core Bond Index (96*)
% AXA Tactical Manager 500 (7M*)	% EQ/Global Bond PLUS (47*)
% EQ/BlackRock Basic Value Equity (81*)	% EQ/PIMCO Ultra Short Bond (28*)
% EQ/Boston Advisors Equity Income (33*)	% EQ/Quality Bond PLUS (TQ*)
% EQ/Calvert Socially Responsible (92*)	% Invesco V.I. High Yield (8L*)
% EQ/Common Stock Index (T1*)	% Ivy Funds VIP High Income (8G*)
% EQ/Davis New York Venture (6Q*)	% Multimanager Core Bond (69*)
% EQ/Equity 500 Index (TE*)	% Multimanager Multi-Sector Bond (TH*)
% EQ/Equity Growth PLUS (94*)	% Templeton Global Bond Securities (8F*)
% EQ/JPMorgan Value Opportunities (72*)	Cash Equivalents (Not available under Max Flex option)
% EQ/Large Cap Core PLUS (85*)	EQ/Money Market (T3*)
% EQ/Large Cap Growth Index (82*)	
% EQ/Large Cap Growth PLUS (77*)	Sector/Specialty (Not available under Max Flex option)
% EQ/Large Cap Value Index (49*)	% EQ/Franklin Core Balanced (6C*)% PIMCO VIT CommodityRealRetum®Strategy (8E*)
% EQ/Lord Abbett Large Cap Core (05*)	
	76 Filvico VII Commodity Team letom Chategy (CL)
% EQ/Mutual Large Cap Equity (6F*)	
% EQ/Mutual Large Cap Equity (6F*)% EQ/T. Rowe Price Growth Stock (32*)	% Total of all investment options chosen for
% EQ/Mutual Large Cap Equity (6F*)	

180-4002(07-12)

X03710_core

EDC App. (07/12) Cat. No. 147601 Page 3 of 6

8. Other Required Information 7. Special instructions A and B must be completed. (For beneficiary and any further detailed information) Attach a separate sheet if additional space is needed. A. Replacement Information: (Must Respond to 1 and 2.) 1. Do you have any other existing life insurance or annuities? For Annuitants whose Mailing Address differs from their ☐ Yes ☐ No Primary Residential Address in Section 2. 2. Will any existing life insurance or annuity be (or has Annuitant's Mailing Address: it been) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the Mailing Address - P.O. Box Accepted contract applied for will be issued? ☐ Yes ☐ No If Yes, fully complete the following information (if more than 3 companies are replaced, provide details in Zip Code Special Instructions section): City State Contract Number Type of Plan Year Issued Company Company Address Contract Number Type of Plan Company Year Issued Company Address Contract Number Type of Plan Company Year Issued Company Address **B. Contract State:** The Contract state is your state of primary residence (Annuitant's primary residential address from Section 2) unless you sign the application in a different state. If you are signing this application in a state other than your state of primary residence, check one box below: ☐ I have a second residence in the state of sale. I work or conduct business in the state of sale. If none of the above apply, the application must be signed in your state of Primary Residence, unless we approve another state.

180-4002(07-12)

X03710_core

EDC App. (07/12) Cat. No. 147601 Page 4 of 6

(Mandatory)

9. Broker Transfer Au	thorization			
Report to act as my agent AXA Equitable to act on so of a person placing such inconnection with such instru- written notification of a chovernight mail transfer pro-	plication, I hereby designate ratin giving investment option to uch instructions. I understand instructions, and (ii) will have ructions. AXA Equitable will cange at its processing office. In coordinate the of disruptive transfer activity	ransfer instructions by tele I that AXA Equitable (i) ma no liability for any claim, lo ontinue to act upon this au AXA Equitable may (i) cha prior notice, and (ii) restrict	phone or electronically, and y rely in good faith on the ss, liability, or expense tha thorization until such time ange or terminate telephone	stated identity It may arise in as it receives my e or electronic or
10. Acknowledgemen	_			
● Amounts withdrawn from make or modify any control my Employer maintains a "Code"), my Employer material to facilitate the exchange plan, my Employer may infor administrative and recequitable. ● By signing that deferral, as the tax defurnished in this application annuity account value are or variable annuity benevation of the property of the computer readable compained finitely, I understand calling Customer Service	ICATION, I ACKNOWLEDGE In the contract may be subject act on behalf of AXA Equitable. Plan that is intended to meet ay authorize and instruct AXA of information to meet the requistruct and require AXA Equitable ordkeeping services under the is application form I acknowled ferral feature of the contract of the contrac	to a withdrawal charge. • e, or to waive or alter any of the requirements of Section Equitable to share my persuirements of the Code. • It able to deduct a plan operate Plan; such amount will be added to the best of my knowled to the best of my knowled the variable investment or decrease and are not ent prospectus and any strofessional, I believe that to access the CD information and that I may request all subsequent prospectus	of AXA Equitable's rights are n 457(b) of the Internal Resonal information with unafit my Employer maintains a ating expense from my acceptant for its features and benefits. • All information age and belief. • I understate options of the separate aguaranteed as to dollar aupplement(s). • After reveal the contract will meet must be a prospectus in paper formation and upplements and supplements.	venue Code (the filiated third parties Section 457(b) count value to pay liated with AXA benefits other than and statements and that the count mount. Viewing my financial goals.
In Colorado, Kentucky, Maine, and Tennessee: In New Jersey and New Mexico: In Arkansas, D.C., Rhode Island and West Virginia: In Ohio: In Oklahoma: All Other States:	It is a crime to knowingly provide purpose of defrauding or attemption of insurance benefits, and civil definition and civil penalties. Any person who includes any false to criminal and civil penalties. Any person who knowingly presents false information in an acconfinement in prison. Any person who, with intent to deenrollment form/application or file Any person who knowingly and wan application containing any fal Any person who knowingly and wor statement of claim containing crime which may be punishable	ing to defraud, the company. Per amages. se or misleading information on ents a false or fraudulent claim application for insurance is guilful efraud or knowing that he is fact is a claim containing a false or count with intent to injure, defraud, or count se, incomplete, or misleading in ith intent to defraud any insurance any materially false, misleading any materially false, misleading	enalties may include imprisonment an application for an insurance for payment of a loss or benefity of a crime and may be subjectificating a fraud against an insuffice to statement is guilty of infleceive any insurer files a statern formation is guilty of a felony.	policy is subject it or knowingly ct to fines and arer, submits an asurance fraud. ment of claim or om/application
X Proposed Annuitant	s Signature	Today's Date (mm/dd/yy)	City	State
,	-			
X Signature of Owner/	Trustee	Today's Date (mm/dd/yy)	City	State
180-4002(07-12)		X03710_core		EDC App. (07/12) Cat. No. 147601 Page 5 of 6

EQUI-VEST® REPRESENTATIVE REPORT

Please print in black ink. All questions must be answered.

I certify that a Prospectus and Supplement(s) for the Contract has been given to the Proposed Annuitant, and that no written sales materials other than those approved by AXA Equitable have been used. (The Representative who secures this application must sign in the space provided below.)					
Do you have reason to believe that any existing life insurance or annuity has been or will be surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction, assuming the certificate/contract applied for will be issued on the life of the annuitant? □ Yes □ No (If Yes, attach copy of the Replacement Acknowledgement Form.)					
C. Did you (i) verify the identity by reviewing the driver's license/passport of the Proposed Annuitant (ii) inquire about the source of the customer's assets and income and (iii) confirm that the Annuitant is not (nor is a family member of or associated with) a foreign military, government or political official?					
☐ Yes (If you are unable to answer Yes to all three questions, contact your Branch Controls	1				
Do you authorize the contract to be mailed directly to the Proposed Annuitant instead of being mailed Branch Office?☐ Yes ☐ No	iled to the				
E. Is the Annuitant currently an Active Duty* Member of the Armed Forces?	1				
 Yes ☐ No (If Yes, you must also submit a completed and signed LIFE INSURANCE/ANNUITY DISCLOSURE TO ACTIVE DUTY MEMBERS OF THE ARMED FORCES). "Active Duty" means full-time duty in the active military service of the United States and include of the reserve component (National Guard and Reserve) while serving under published orders duty or full-time training. The term does not include members of the reserve component who ar active duty or active duty for training under military calls or orders specifying periods of less that calendar days. 	es members for active re performing				
F. Compensation will be paid as indicated in the Annual Schedule of Commission and Service Fees Fig.	eld Bulletin.				
F. Compensation will be paid as indicated in the Annual Schedule of Commission and Service Fees Fig.	Ord Danotini				
Name and Signature of the Financial Representative who answered the above questions and the above documents.	verified				
Print Name Signature Date					
EQUI-VEST issues must reflect the commission percentages of all applicable Representatives.					
Print Representative(s) Name(s) (Service Representative First) Last Name Initial Representative Representative Representative % Agency Code	Representative Insurance License#*				
*Where required by state regulations					

AXA EQUITABLE LIFE INSURANCE COMPANY

New York, New York 10104

180-4002(07-12)

X03710_core

EDC App. (07/12) Cat. No. 147601 Page 6 of 6

State:ArkansasFiling Company:AXA Equitable Life Insurance Company

TOI/Sub-TOI: A02.11 Individual Annuities- Deferred Non-Variable and Variable/A02.11.002 Flexible Premium

Product Name: Equivest

Project Name/Number: Series 201 For TSA/EDC Revised Applications (0712)/180-4001(07-12)

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Filing Letter		
Comments:			
Attachment(s):			
AR EQUI-VEST SERIES	201 IND ADVISOR APPLICATION FILING LETTER (GE	ENERIC-7-12)).pdf	
		Item Status:	Status Date:
Satisfied - Item:	Filing Fee Transmittal		
Comments:			
Attachment(s):			
ArkansasFilingFeeTrn.pd	df		
		Item Status:	Status Date:
Satisfied - Item:	Variable Text Memorandums		
Comments:			
Attachment(s):			
VTM - Gen - EQUI-VEST	FEDC SERIES 201 ADVISOR APPLICATION (GENERIC	C-07-12).pdf	
VTM - Gen - FQUI-VEST	TTSA SERIES 201 ADVISOR APPLICATION (GENERIC	c) pdf	



Paul A. Bernitt Manager, Policy Forms Telephone: (212) 314-3761 Paul.bernitt@AXA-Equitable.com

July 18, 2012

The Honorable Jay Bradford Commissioner Arkansas Department of Insurance 1200 W. Third Street Little Rock, AR 72201-1904 Attn.: Policy & Other Form Filings

Re: AXA Equitable Life Insurance Company
AXA Equitable's NAIC # 968-62944
AXA Equitable's FEIN # 13-5570651
EQUI-VEST Deferred Variable Annuity Application for TSA -180-4001(07-12)
EQUI-VEST Deferred Variable Annuity Application for EDC -180-4002(07-12)

Dear Commissioner:

We are filing with the Department for approval the above referenced application forms.

Our Agents in the Tax Sheltered (TSA) market will use application 180-4001(07-12). This application will replace application 180-4001 (01-11) that was approved by the Department on 02/08/2011 under File No.ELAS-127016175. Application 180-4001(07-12) is similar to Application 180-4001(01-11) except that Section 5, "Contribution amount " has been revised to provide a box to make it easier for the client to indicate a specific expected monthly Contribution amount. Also, in Section 11, "Acknowledgement" the text and check-off box for the "Electronic Delivery Information" has been removed. Application 180-4001(7-12) will be used with Contract Form No. 2006BASE-I-A that was approved by the Department on 03/27/2006 under SERFF # SERT-6MBUBJ252.

Our Agents in the Employee Deferred Compensation (EDC) market will use application 180-4002(07-12). This application will replace application 180-4002 (01-11) that was approved by the Department on 02/08/2011 under File No. ELAS-127016175 Application 180-4002(07-12) is similar to Application 180-4002 (01-11) except that Section 4, "Contribution amount" has been revised to provide a box to make it easier for the client to indicate a specific expected monthly Contribution amount. Also, in Section 10, "Acknowledgement" the text and check-off box for the "Electronic Delivery Information" has been removed. Application 180-4002(7-12) will be used with Contract Form No. 2006BASE-I-A that was approved by the Department on 03/27/2006 under SERFF # SERT-6MBUBJ252.

We are also enclosing a Memorandum of Variable Material for each of the Applications. Due to a recent change in law, the state of New York no longer requires filing of this type of form for use outside of New York. Instead, New York now requires that we file annually, a list identifying and describing the policy forms issued by us for delivery outside New York. The required filing fee will be sent by express mail or EFT.

If you have any questions or need any additional information, please call me at the above number or Greg Prato at (212) 314-5710. Thank you.

Sincerely,

Policy Form Manager

Paul a. Bernitt

ARKANSAS INSURANCE DEPARTMENT

FILING FEE TRANSMITTAL FORM ***

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: AXA Equitable Life Insurance Company NAIC#: 968-62944

Company Contact Person: Frank E. Fernandez Telephone No.: (212) 314-5698

ALL FEES ARE PER EACH INSURED, PER ANNUAL STATEMENT LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

###

x \$50 =

\$ ###.##

RATE/ FORM FILINGS

Life and/or Disability policy form filing

and review, per each policy, contract, annuity form, per each insurer, per each filing	**Retaliatory		\$###.##
Life and/or Disability- Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.	* ### **Retalia	x \$50= tory	\$ ###.## \$###.##
Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of certificate, rider, endorsement or application if each is filed separately from the basic form.	* 2 **Retalia	x \$50= tory	\$ 100.00 \$###.##
Policy and contract forms, all lines, filing corrections in previously filed policy and contract forms.	* ### **Retalia	x \$20= tory	\$ ###.## \$###.##
Life and/or Disability: Filing and review of Insured's advertisements, per advertisement, per each insurer.	* ### **Retalia	x \$25= tory \$###.##	\$ ###.##

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend * ## x \$ 400 \$ ###.## an Insurer's Certificate of Authority.

Filing to amend Certificate of Authority.

*** ### x \$100 = \$ ###.##

^{*}THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.

^{**}THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.

^{***}THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.

AXA EQUITABLE LIFE INSURANCE COMPANY Memorandum of Variable Material July 18, 2012

180-4002(07-12) EQUI-VEST Deferred Variable Annuity Application

The following comments describe the nature and scope of the illustrative and variable material contained in the application form. They are numbered in the order as to where they appear in the form and as indicated with respect to the bracketed areas that may change.

The variability for the submitted form is shown in this memorandum.

Any changes made in connection with the variability filed below will be done on a new business basis, in a fair and non-discriminatory manner.

- 1. The marketing name for the product may be revised in the future to reflect product variations.
- 2. The address, web address, telephone numbers, the catalog number, any referenced forms' catalog number, and page footers of the form should be considered administrative in nature and are subject to change.
- 3. In Section 2, the information requested may be changed or added as a result of requirements of the U.S. Patriot Act.
- 4. In Section 4, the "Expected Monthly Contribution" amount may range from \$100 to \$2,000.
- 5. In Section 5, the Segment Type(s) available under the Structured Investment Option from AXA Equitable will be listed here. Any time a Segment Type is listed here it has been approved by the New York State Department of Financial Services. If AXA Equitable at any time, adds, removes, or limits the Segment Type(s) available under the Structured Investment Option pursuant to the terms of the Contract, the list of Segment Type(s) will be changed accordingly. The Segment Duration may range from 1 to 10 Years and the Segment Buffer may range from –5% to –50%.
- 6. In Section 5, the Separate Account Investment Options available from AXA Equitable will be listed here. Any Separate Account Investment Option available at any time will be one that has been approved by the New York State Department of Financial Services. If AXA Equitable at any time, adds, removes, or limits Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Investment Options will be changed accordingly.
- 7. In Section 6 the Special Dollar Cost Averaging time periods may change or additional periods may be added. The periods may range from one to twenty-four months.

- 8. In Section 6, the Segment Type(s) available from AXA Equitable under the Structured Investment Option for use with Special Dollar Cost Averaging will be listed here. Any time a Segment Type is available it will be one that has been approved by the New York State Department of Financial Services. If AXA Equitable at any time, adds, removes, or limits the Segment Type(s) available under the Structured Investment Option pursuant to the terms of the Contract, the list of Segment Type(s) will be changed accordingly. The Segment Duration may range from 1 to 10 Years and the Segment Buffer may range from –5% to –50%.
- 9. In Section 6, the Separate Account Investment Options available from AXA Equitable for use with Special Dollar Cost Averaging will be listed here. Any Separate Account Investment Option available at any time will be one that has been approved by the New York State Department of Financial Services. If AXA Equitable at any time, adds, removes, or limits Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Investment Options will be changed accordingly
- 10. In Section 10, the customer service telephone number is subject to change.
- 11. We may need to add or revise questions or make changes to the Representative Report.

AXA EQUITABLE LIFE INSURANCE COMPANY Memorandum of Variable Material July 18, 2012

180-4001(07-12) EQUI-VEST Deferred Variable Annuity Application for TSA 403(b)

The following comments describe the nature and scope of the illustrative and variable material contained in the application form. They are numbered in the order as to where they appear in the form and as indicated with respect to the bracketed areas that may change.

The variability for the submitted form is shown in this memorandum.

Any changes made in connection with the variability filed below will be done on a new business basis, in a fair and non-discriminatory manner.

The following comments describe the nature and scope of the variable material contained in the form.

- 1. The marketing name for the product may be revised in the future to reflect product variations.
- 2. The address, web address, telephone numbers, the catalog number, any referenced forms' catalog number, and page footers of the form should be considered administrative in nature and are subject to change.
- 3. In Section 1, the type of EQUI-VEST contract type references the markets (e.g. "TSA Public School", "TSA 501(c)(3)" and "TSA UNIVERSITY") may be added or removed to reflect the markets that are offered for new business.
- 4. In Section 3, the information requested may be changed or added as a result of requirements of the U.S. Patriot Action
- 5. In Section 5, the "Expected Monthly Contribution" amount may range from \$100 to \$2,000.
- 6. In Section 6, the Segment Type(s) available under the Structured Investment Option from AXA Equitable will be listed here. Any time a Segment Type is listed here it has been approved by the New York State Department of Financial Services. If AXA Equitable at any time, adds, removes, or limits the Segment Type(s) available under the Structured Investment Option pursuant to the terms of the Contract, the list of Segment Type(s) will be changed accordingly. The Segment Duration may range from 1 to 10 Years and the Segment Buffer may range from –5% to –30%.
- 7. In Section 6, the Separate Account Investment Options available from AXA Equitable will be listed here. Any Separate Account Investment Option available at any time will

be one that has been approved by the New York State Department of Financial Services. If AXA Equitable at any time, adds, removes, or limits Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Investment Options will be changed accordingly.

- 8. In Section 7, the Special Dollar Cost Averaging time periods may change or additional periods may be added. The periods may range from one to twenty-four months.
- 9. In Section 7, the Segment Type(s) available from AXA Equitable under the Structured Investment Option for use with Special Dollar Cost Averaging will be listed here. Any time a Segment Type is available it will be one that has been approved by the New York State Department of Financial Services. If AXA Equitable at any time, adds, removes, or limits the Segment Type(s) available under the Structured Investment Option pursuant to the terms of the Contract, the list of Segment Type(s) will be changed accordingly. The Segment Duration may range from 1 to 10 Years and the Segment Buffer may range from –5% to-50%.
- 10. In Section 7, the Separate Account Investment Options available from AXA Equitable for use with Special Dollar Cost Averaging will be listed here. Any Separate Account Investment Option available at any time will be one that has been approved by the New York State Department of Financial Services. If AXA Equitable at any time, adds, removes, or limits Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Investment Options will be changed accordingly
- 11. In Section 11, the customer service telephone number is subject to change.
- 12. We may need to add or revise questions or make changes to the Representative Report.